

The seminar answered or clarified many of my questions about billing Medicaid for health-related IEP services.

Strongly agree: 16 Agree: 8 Undecided: 5 Disagree: 1 Strongly Disagree:

The seminar addressed many of my concerns about administrative burdens, costs and auditing associated with billing Medicaid for IEP services.

Strongly agree: 14 Agree: 11 Undecided: 4 Disagree Strongly Disagree: 1
(admin burden highlighted)

As a result of attending the seminar, I know what resources are available to assist me/my school corporation with school-based Medicaid billing.

Strongly agree: 12 Agree: 15 Undecided: 3 Disagree: Strongly Disagree:

Additional Comments:

Various comments indicated the seminar was well organized, gave a broad perspective, and covered a variety of issues in an intelligible format. Seven different commenters thanked the organizers (for holding the seminar, sharing their expertise, clarifying points of confusion, and working to resolve local school-based Medicaid billing issues). One commenter noted it would have been helpful to have the Tool Kit available or for attendees to have been given the option to obtain and bring a copy with them. One commenter thought the State should consider developing forms for all therapists to use for school billing documentation. Five commenters requested additional seminars in the future, with 4 of the 5 indicating it would be helpful to hold sessions specific to each of the school-based service provider types (i.e., OT, PT, SLP, etc.) Two commenters felt the national speaker's presentation was confusing (due in part to lack of prior knowledge about national-level school-based billing issues) and should have been scheduled at the end of the day. Two commenters would like to have had more time for questions as well as more specifics about administrative requirements such as record keeping and forms completion/retention. Two commenters had hoped for more specific information on implementation of Medicaid reimbursement for IEP nursing (R.N.) services.

The following is a summary of the written responses we received on the 10-31-07 seminar evaluations regarding school-based Medicaid questions that were not answered at the seminar and additional comments concerning the seminar.

Questions not answered at seminar:

- Will there be a conference specifically for therapists/psychs/nursing/etc. (anyone who would be responsible for billing) to answer/clarify their concerns?
- Why does article 7 not include the specific language from each discipline's Indiana State Practice Act? (For instance, I am pretty sure that in no other setting besides the schools in the state of Indiana, can OTs and SLPs deliver service without a medical doctor's script. How does this work? Does one state law take precedence over another? Which one is best practice then? This is just one discrepancy noted. There are potentially others.)

I thought the seminar was very helpful in guiding our decisions as far as whether or not to bill Medicaid. Our only problem was that we primarily attended to hear Phyllis Lewis' comments on nursing services—the whole morning session didn't address nursing at all...and then the auditors ran so long in their comments over their allotted time, we had to go to another meeting and couldn't stay for Phyllis' remarks. So that would be my only feedback...try to keep speakers close to their allotted timeframe. Thanks for the opportunity

The psychologists in our corporation are worried about their part in 'signing off' as a licensed practitioner for speech therapy services. They have questioned if this could possibly have any negative consequences for them at some point.

Since there were issues such as not being able to bill for group speech therapy without the therapist seeing the child individually that are not currently addressed in the Medicaid toolkit where can we see the laws/regulations about Medicaid billing. I would also have liked to know how the different billing agencies' services differ

If a health-related provider orders an assistive device, such as an AlphaSmart or a specialized communication board will Medicaid pay for the device?

1. Can initial evaluations (which have not been documented on an IEP for referral) be billed? If so what documentation would be needed.
2. Can we see any sample session notes or have some info of what has been acceptable from audits?
3. Does graded progress each grading period count for the 60 day plan of treatment review and is this school year or calendar year?
4. What is the definition of medically necessary? And if OT/PT related services are embedded to assist the teacher's academic goals are their services still billable?
5. Does every session entry have to be signed on the OT/PT progress form or can the therapist just sign the sheet at the bottom?
6. If a therapist can back bill for up to a year, does the child have to have been eligible for Medicaid on the date of service or once they are eligible can you back bill everything?

-What has been the number of man hours utilized within a school district that would be considered "time spent documenting, billing, etc" to work out the ROI?

-Anticipated time for Medicaid to allow nursing billing?

-Why does Medicaid allow billable time for extenders in other disciplines, i.e., OT, PT but not nursing?

-When discussing this with schools, are nurses included in the discussion? Nurses may be the only staff within a school district with knowledge of charting and coding for payment.

How are people audited on rules that were not in effect during the time of filing?
Is it possible to request our own copy of the Medicaid Tool Kit?
Are school corporations automatically audited every two years or is this a random process?
Can we count individual time with a student as an individual session , even though other students are present in the room?
Since it was stated that a student must be seen individually before he can be seen as a group, when does that individual session have to occur? Can it be anytime in the semester?

None at this time. I just posted a position that will address Medicaid issues as part of their job description. I will see that he/she is informed.

Would need to consult further with appropriate department heads within my school corporation before pursuing Medicaid reimbursement any further.

I think the previous work by John Hill's group and the billing agencies has helped to answer most questions. While the seminar was a good overview, I don't think anyone who has been doing Medicaid billing learned a lot of new information. The one piece that would benefit school districts would be more sharing of procedures used by districts with like needs, e.g., how is permission being obtained from parents, will the ISTAR case conference program include a way to obtain permission to check for eligibility and bill for services, how are districts dealing with therapists who refuse to bill, etc.?

Additional Comments:

If billing is mandated by their district, PT/OT/SLPs will have additional discipline specific questions and should be included in discussions regarding billing. This directly impacts their job expectations. As a therapist, many do not understand that a school system's billing will not hinder their students' access to outpatient services. This is the primary reason most do not want to bill. It appears like "double-dipping." Other reasons are time constraints, fear of additional paperwork, and a general lack of understanding of the process.

An additional conference targeted to therapists should be held. Specifics should include proper documentation for reimbursement (adequate forms, accepted abbreviations, approved content, etc.) along with a discussion of the approved Medicaid list of charges for each discipline. Topics covered could be similar to those given Wed., highlighting the history of Medicaid, the potential return, and the audit process so therapists know why the documentation procedures are so important.

Adequate forms could be developed by each district if the therapists are willing to buy into the need and appropriateness of this funding. However, would it be appropriate for the state to consider developing forms for all therapists in the schools to use for billing just as the state has devised the ISTAR for teachers? Consistency would assist in accuracy, compliancy, and actual financial return for all districts.

I wish could have spent more time on administrative and had a different session on how to complete the forms. John, You did a great job! Thanks for all the work you have done on behalf of all of us.

It would have been helpful to have the Toolkit available or the option of obtaining it prior to the meeting to refer to as so many of the speakers mentioned it. I was unaware that it was available. I think Greg Morris' talk would have been better at the end of the day as I didn't really have a grasp of what he was talking about until the other topics were covered.

I thought that this was very informative, and presented in an intelligible format. I am an SLP, & as we are just getting ready to start billing Medicaid in our school corporation. We have had a lot

of questions! It was helpful that you were able to address these questions from an SLP stand point. I have much information to bring back to my colleagues. We may have more questions after I present this information to them at our next meeting.

Thank you sooo much! John & Tracy were wonderful and encouraging! We are willing to get back into the pool!

John and Tracy seemed to really know what they were presenting and if they didn't they found the answer.

It was a very good meeting. I think it gave a broad perspective of the impending issues. I think there was something there for everyone.

Please consider holding a similar meeting for the providers in the schools who do the majority of billing: OT, PT, SLPs, school psyches. I think getting this group together would be invaluable for them.

I would have like to have had more time for questions and answers. Could another seminar for therapists and billing personnel be set up to brainstorm ideas, forms and procedures?

Great seminar, well organized and delivered.

Thanks for the effort...great job!!

Unfortunately, I was only able to attend the meeting until noon...thank you for providing the opportunity of the seminar.

I've tried to put myself in the shoes of the S/E staff as I've thought about your questions. Unfortunately, I think I would have to answer "Undecided" to all of your questions. This takes nothing away from seminar or efforts put forth. It's all about the "GREY AREAS" of Medicaid guidelines and billing practices. It seems like this population wants very clear cut answers that are always black & white, and sometimes this is not the case as you, John & Tracy know. I'd be curious to see how all of the participants respond.

I think overall the seminar was very successful. The attendance alone speaks to the interest in this area. All of the presenters were well-prepared, even for boring subjects like audits. The facility was very nice, good food, and you kept the day on schedule.

I thought Greg Morris did a fine job (as he always does) but he sometimes led the group the wrong way speaking about rules, regulations, and guidelines from other states. I'd also encourage future seminars like this one to keep the momentum going for school-based billing in Indiana.